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## STATEMENT OF ECONOMIC INTERESTS

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FAIR FOLLINGAL COVER PAGE
FRACTICES COMMISSION

CITY OF SANTA CLARITA

Please type or print in ink.	4PR - R PH 2: 1-8	20	II MAR 29 A 8: 59
NAME OF FILER (LA		(FIRST)	(MIDDLE)
McLean		Marsha	RECEIVED
1. Office, Agency, or Court		CI	TY CLERKS OFFICE
Agency Name			
City of Santa Clarita			<u>.</u>
Division, Board, Department, District, if app	licable	Your Position	
		Mayor	
► If filing for multiple positions, list below of	or on an attachment.		
Agency: Redevelopment		Position: Agency member	
2. Jurisdiction of Office (Check at I	least one box)		
☐ State	•	☐ Judge (Statewide Jurisdiction)	
☐ Multi-County		County of	
- Conto Clorita		Other	
•			
3. Type of Statement (Check at least	•		
Annual: The period covered is Janua 2010or-	ry 1, 2010, through December 31,	Leaving Office: Date Left (Check one)	
The period covered is/	_/, through December 31,	<ul> <li>The period covered is Janual leaving office.</li> </ul>	ary 1, 2010, through the date of
Assuming Office: Date/_		<ul><li>The period covered is</li><li>of leaving office.</li></ul>	, through the date
Candidate: Election Year	Office sought, if differ	ent than Part 1:	
4. Schedule Summary			_
Check applicable schedules or "None."	► To	tal number of pages including this c	over page:2
Schedule A-1 - Investments - schedul		Schedule C - Income, Loans, & Busi	
_	☐ Schedule A-2 - Investments – schedule attached ☐ Schedule D - Income – Gifts – schedule attached		
Schedule B - Real Property - schedule	e attached	Schedule E - Income - Gifts - Trave	el Payments - schedule attached
	-10-		•
	None - No reportable interest	s on any schedule	
nerein and in any attached schedules is tru	e and complete. I acknowledge th	<u>s is a</u>	
I certify under penalty of perjury under t	•		
Pata Signad 3-24-/(	Sim	and the	
Date Signed 3-2 4-/ (month, day, year)	<u> </u>	patur	

## **SCHEDULE A-1** Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Marsha McLean

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
Dale's Maintenance Service, Inc.		
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
Window Cleaning		
FAIR MARKET VALUE	FAIR MARKET VALUE	
\$2,000 - \$10,000 \$\frac{10}{2} \\$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT CO-OWNER  Stock Other	NATURE OF INVESTMENT	
Stock Other (Describe)	Stock Other(Describe)	
Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
<u>, , 10, 10</u>		
ACQUIRED DISPOSED	ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	FAIR MARKET VALUE	
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	,	
Stock Other	NATURE OF INVESTMENT Stock Other	
(Describe)	(Describe)	
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499	
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
ACQUIRED DISPOSED	ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	FAIR MARKET VALUE	
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other	
(Describe)	(Describe)	
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	
O modifie reserved of 2000 of Militie (kepoit on Schedule C)	O income received or \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
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ACQUIRED DISPOSED	ACQUIRED DISPOSED	
Comments:	•	